

CALIFORNIA CHILD CUSTODY PROJECT

Sponsored by the Statewide Office of Family Court Services
Administrative Office of the Courts, Judicial Council of California

COUNSELOR SERVICE REPORT - ALL SESSIONS

Please complete this form for each session that you complete.

(6-13) 1. Date of session: ____/____/____

2. What services did you provide in the session? *(Please check all that apply.)*

(14) ☐ **Child custody and visitation mediation** *Please complete the Counselor Report - Child Custody and Visitation Mediation Session*
(Session with both parents or separate meetings with each parent due to domestic violence)

(15) ☐ No show - met in the office with the parent who appeared for mediation

Other Services:

- (16) ☐ Child custody evaluation/investigation
- (17) ☐ Child custody and visitation settlement conference
- (18) ☐ Pre-marital counseling
- (19) ☐ Guardianship
- (20) ☐ Dependency court mediation
- (21) ☐ Step-parent adoption
- (22) ☐ Conservatorship
- (23) ☐ Screening of ex-parte orders
- (24) ☐ Courtesy evaluation for another county
- (25) ☐ Other: *(Please specify)*